

**PHYSICIAN POST RESIDENT FELLOWSHIP PROGRAM IN
HEALTH SERVICES RESEARCH AND DEVELOPMENT**

1. PURPOSE

a. Program Announcement

The purpose of this program announcement is to provide information, policies, and application procedures to Department of Veterans Affairs (VA) facilities with Health Services Research and Development (HSR&D) Centers of Excellence (COE) that wish to submit applications to the Office of Academic Affiliations (OAA) for approval as a funded site for the Physician Post Residency HSR&D Fellowship Program. The goals of this fellowship program are to (1) enhance health services research knowledge and skills of physicians and (2) increase recruitment and retention of HSR&D researchers within the Veterans Health Administration (VHA). Approved centers can begin these fellowships in AY 2006-2007. Approved fellowship sites will provide post-residency training for outstanding physicians who have completed residencies accredited by the Accreditation Council for Graduation Medical Education (ACGME) or American Osteopathic Association Bureau of Professional Education or the Executive Committee of the Council on Postdoctoral Training (ECCOPT).

b. Eligibility to Apply Applications may be made by VA facilities with HSR&D Centers of Excellence that have a demonstrated commitment to provide postdoctoral training. HSR&D COEs that are currently approved for physician fellowship training are NOT eligible to request additional positions under this announcement. Only one facility participating in each HSR&D COE is eligible to apply for selection as a fellowship site.

Only applications of high quality will be approved. Site applications will be rated and ranked using standardized criteria and only those sites fully meeting the criteria and recommended for approval by the review panel will be funded.

2. BACKGROUND

a. Previous HSR&D Training Experience OAA, in collaboration with the Office of Research and Development (ORD), Health Services Research and Development Service, has a long history of supporting excellent training in health services research. OAA, in collaboration with ORD HSR&D Service, initiated the Physician Post Residency Fellowship Program in 1991 at two sites and the Associated Health Professions Postdoctoral Fellowship Program in 1992 at eight sites. The Associated Health Professions HSR&D Program was expanded to 13 sites in 2002. Both of these fellowship programs have been very successful and a number of the fellows have been recruited to VA employment. Because HSR&D Centers of Excellence bring together

a cadre of trained HSR&D researchers involved in both VA and externally funded HSR&D research, they are ideal venues to train post-residency physician fellows and postdoctoral associated health fellows. Placing fellows in HSR&D COEs provides unique opportunities for advanced fellowship training in areas of vital importance to VHA. This will enhance HSR&D goals, and provide opportunities to leverage HSR&D expertise.

b. Program rationale

"Health services research is a multidisciplinary field concerned with the effects of social factors, financing systems, organizational structure and processes, technology, and human behavior on health care access, quality, costs, and outcomes. In VA, health services research focuses on understanding how to organize, deliver, and finance health care that is effective and cost effective, in order to meet the needs of veterans and to ensure that their health care system is sound and consistently excellent. It emphasizes research that has practical applications and that can assist patients, health care providers, managers and policymakers. . . . The 'laboratory' for health services research studies is the real world of clinical practice, where variations among patients, physicians, and other factors that affect health care cannot be fully controlled (and may themselves be the focus of research). In general, studies involving treatments that are still regarded as experimental are not in the domain of health services research." (VHA Directive 1204, "Veterans Health Administration Health Services Research and Development", 2001)

3. PROGRAM EXPECTATIONS

a. **Program Structure** Sites approved for the HSR&D Physician Fellowship program shall have a robust curriculum, an appropriate infrastructure and qualified leadership.

(1) **Curriculum.** The two-year curriculum at each site shall include an orientation to VA, general research methodology and written and oral communication skills. Training sites shall provide at least a basic overview in the following areas with an opportunity to pursue more intensive training in areas such as: biostatistics, clinical epidemiology, clinical trial design, medical decision making, healthcare organizations and delivery, financing of health care, ethical issues related to research, health policy, medical informatics, meta-analytic techniques, qualitative research methods, survey design, grant preparation and project administration. In addition, the curriculum should include such content areas as quality improvement methods, leadership skills, patient safety investigations and other areas of significant interest to VHA. Each of the HSR&D COE sites is unique and possesses its own areas of expertise. The proposed curriculum must be included in the application for a fellowship program. It is expected that the curriculum for physicians and associated health fellows share some common elements and encourage interprofessional activity.

(2) Infrastructure. The application must include discussion of how research, education, and clinical infrastructure at the site shall foster a high quality learning environment and fellowship experience.

(3) Recruitment. Each HSR&D fellowship site may actively begin recruitment of fellows, once approval is gained. Fellowship programs may begin in Academic Year (AY) 2006-2007 or AY 2007-2008, at the discretion of the director of the approved program.

(4) Program Directors. Program Directors must have demonstrated expertise in Health Services Research, be experienced in administration of an academic program, and have demonstrated ability to effectively teach and mentor.

(5) Site Collaboration. Program directors shall foster collaboration among the fellowship sites. Collaboration shall include such issues as curriculum development, implementation, and improvement; program evaluation; recruitment strategies and advertisements for fellows; fellowship program publicity; and other communication with all of the training sites and OAA.

b. Program Implementation Selected HSR&D COEs may begin their training programs in AY 2006-2007 or AY 2007-2008. Program implementation expectations include the following:

(1) Fellows. Physician fellows shall spend approximately 75 percent of their time in research and education activities and 25 percent in clinical care. Fellows are expected to develop and implement a research project, submit at least one manuscript to a peer-reviewed journal, present at a national meeting, participate in grant writing, learn and use the latest technology in teaching, and participate in and lead interprofessional teams. Fellows must conduct the majority of their clinical care responsibilities at a VA facility. Should a program wish to have fellows conduct clinical activities at non-VA sites, prior written approval from Office of Academic Affiliations must be obtained. Across the entire special fellowship experience, on average, fellows are expected to carry out a significant portion of their research and educational activities at a VA facility. (See Paragraph 4.e)

(2) Preceptors (mentors). Fellows are to develop individualized learning plans in collaboration with their preceptors (mentors). Mentors should provide assistance with research methodology and content related to the fellow's project(s) as well as guidance in personal and professional development. For these reasons, several mentors are often needed. These individuals are expected to meet regularly with the fellows to assess their progress, serve as role models, and provide constructive feedback and assistance in meeting the fellows' goals. Mentors are expected to participate in formative and summative evaluation of fellows and the fellowship program.

(3) Recruitment. Each selected HSR&D COE will be authorized to recruit one fellow each, to begin a two-year fellowship for AY 2006-2007 (to begin in summer 2006) and a second

fellow for AY 2007-2008 (to begin in summer 2007). Approved positions for Associated Health Programs may not be substituted for Physician Programs and vice versa. Each program has 2 fellow FTEE for their use at any point in time. It may be that a program might have 2 first year or 2 second year fellows if the participation sequence has been disrupted through unplanned events. The fellowship is generally for 2 years, however programs may request approval for a third year of funding for second-year fellows with exceptional accomplishments in order to complete research projects that make substantial contributions to VA.

(4) Project. All fellows will participate in at least one substantial research project to which they make a substantive, independent and identifiable contribution. The topic of the project should be of direct relevance to veteran's health, although VA medical facilities do not necessarily have to be the sole sites of the research.

(5) Annual HSR&D Special Fellowship Program Meeting. Program directors shall select an appropriate opportunity for as many program directors and fellows as possible to meet and discuss fellowship program issues and to provide fellows an opportunity to present and discuss their work.

c. Post fellowship follow-up and tracking All sites will survey and report to OAA the results of an assessment of fellows' satisfaction with the program, their employment, recruitment to VA, success in obtaining research funding, publication in peer-reviewed journals, awards, and continued work in the field of health services research. Such tracking information will be considered in evaluation of participating sites at the time of future program re-competition.

4. POLICIES

a. Governance The Office of Academic Affiliations (OAA), maintains overall responsibility for the administration of VA's HSR&D Fellowship Programs. This announcement is a collaborative effort by OAA and the Office of Research and Development, HSR&D Service (124).

(1) Physician Fellows. The fellowship program for post-residency physicians is governed by M-8, Part II, Chapter 4, "Fellowship Programs for Physicians and Dentists" and supplemental documents from OAA. The fellowship program will conform to the provisions and "General Requirements for Graduate Medical Education Programs" as listed in the annual Graduate Medical Education Directory, published by the American Medical Association.

b. Program approval The fellowship sites will be approved until re-competition is announced by the Office of Academic Affiliations. OAA will monitor program implementation. Approval

may be withdrawn from sites that have not recruited new fellows in two successive academic years. Approval will be withdrawn from sites that lose COE designation, although fellows enrolled at the time of withdrawal will be allowed to complete the fellowship. If new COEs are designated in the future, they may be allowed to submit an application for funding if OAA determines that there is funding available.

c. **Physician Fellow Selection Criteria** Physician fellows must meet the following criteria:

(1) **Residency**. Have completed an ACGME- or ECCOPT- accredited physician residency program, and not be enrolled simultaneously in the VA Physician HSR&D Fellowship Program and another accredited physician residency program.

(2) **Licensure**. Have an active, full and unrestricted license to practice in the US.

(3) **Board status**. Be ABMS or ECCOPT- recognized board certified or eligible with demonstration of active pursuit of board certification.

(4) **International medical graduates**. Have required Education Commission for Foreign Medical Graduate (ECFMG) documentation.

(5) **Citizenship**. Be a US Citizen.

(6) **Interest**. Demonstrate special interest in the HSR&D COE's focus.

(7) **Potential**. Demonstrate likelihood of ability to succeed in a career incorporating health services research for US Veterans.

d. **Appointment and Compensation of Physician fellows**

(1) **Appointment authority**. Appointments will be made under 38 U.S.C. 7406 for two years, except if extended per paragraph 3.b.3.

(2) **PAID Codes**. Use Pay Plan L; type of appointment code 6; pay basis 1; grade 00; step N; remark code 99; occupational series 0602-64; and a paid assignment code of H7, Sub Account 1043.

(3) **Stipend determination**. The stipend will be based on years of previously completed ACGME accredited physician residency training and on VA stipend rates based on the local indexed hospital.

(4) **OAA support**. OAA will provide funds to VA facilities for fellows' stipends and fringe benefits.

(5) ORD support. The Health Services R&D Service will provide \$7,000 per year per HSR&D Physician Fellow in research support to each Center of Excellence, in support of the fellow's research activities.

e. **Educational detail** Fellows may be detailed to other educational institutions without loss of pay, but under no circumstances may the total time spent in non-VA institutions exceed one-sixth of the total hours a fellow is in a pay and training status with VA.

f. **Liability** Fellows will be protected from personal liability while providing professional services as a trainee at a VA facility under the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679(b)-(d). Should a program wish to have fellows conduct clinical activities at non-VA sites, prior written approval from Office of Academic Affiliations must be obtained.

g. **Expenses** Except as specified above, expenses connected to the fellows' recruitment, educational activities, or research are not funded under this program. Transportation to the VA facility and housing arrangements are the sole responsibility of the selected fellows.

h. **Service Obligation** There is no service obligation after completion of the fellowship program. However, fellows are encouraged to seek VA employment. The Center of Excellence where the fellowship program is conducted is expected to assist the fellow in obtaining VA employment.

i. **Identification of Fellowship Status** Fellows must identify the VA support of their fellowship in all reports and presentations during the fellowship program and after the fellowship program if the report or presentation is related to research conducted during the fellowship program. Failure to do so while in the fellowship program may result in termination of the fellowship.

5. SELECTION CRITERIA FOR FELLOWSHIP SITES

a. **Affiliations** The facility must be affiliated with an accredited medical school providing ACGME- or ECCOPT- accredited residency training.

b. **Site Characteristics** The facility must provide evidence of committed leadership, time, personnel, and equipment to support a culture of excellence in health services research, education, clinical care, and administration. The site must demonstrate the following:

(1) VISN, facility, and HSR&D commitment to build and sustain an outstanding learning environment.

(2) Evidence of a strong partnership between the VA facility and its academic affiliate.

- (3) Strong leadership by the Fellowship Program Director(s).
- (4) Outstanding health services research, interprofessional educational opportunities, and advanced clinical learning opportunities at the site.
- (5) Past experience providing excellent mentoring of fellows.
- (6) Commitment to develop individualized learning programs with fellows.
- (7) Evidence of a strong administrative infrastructure to support a fellowship program.
- (8) Commitment to be an active participant with OAA in building a strong, cohesive nationwide fellowship program.
- (9) Evidence of sound evaluation strategies for programmatic and individual evaluation.

c. The facility must submit the information requested in Attachment A. to include:

- (1) Facility Director's transmittal letter.
- (2) Letters of Commitment from VISN Directors and HSR&D COE Directors.
- (3) Letters of Support.
- (4) Core narrative (20-page maximum, excluding the curriculum vitae).
 - a) Direction and framework.
 - b) Proposed Leadership.
 - c) Proposed faculty.
 - d) Research resources.
 - e) Educational resources.
 - f) Clinical resources.
 - g) Evaluation.

6. REVIEW PROCESS

a. **Review committee** An ad hoc review committee designated by the Chief Academic Affiliations Officer in consultations with the Chief Research Development Officer, will assess the merits of the applications. The reviewers will have demonstrated expertise and leadership in health services research, and physician clinical education and research.

b. **Scoring of Applications** Applications will be scored according to the following criteria and weights:

<u>VISN, facility, and HSR&D commitment</u> to build and sustain an outstanding learning environment; evidence of a strong administrative infrastructure.	20 points
<u>Physician Fellowship Program Director and faculty</u> with strong records in health services research, education, clinical care, and leadership.	20 points
<u>Research resources</u> including strong research track record, meaningful opportunities for Fellows' participation, sound infrastructure plans, and evidence of sound strategies for programmatic and individual evaluation.	20 points
<u>Educational resources</u> including strong, constructive partnership with the affiliate; excellent learning opportunities in health services research, and information systems; commitment to develop individualized learning programs with fellows; excellent mentoring of fellows; sound educational infrastructure plans; and interdisciplinary educational opportunities including interactions with the local Associated Health Post Doctoral HSR&D Fellowship Program.	20 points
<u>Relevant Clinical Opportunities for practice and for research opportunities</u>	10 points
<u>Evaluation Plans</u> for formative and summative evaluations for the program and the individual fellows.	10 points
TOTAL	100 points

7. SCHEDULE

May 2005	OAA sends request for applications to HSR&D COEs and appropriate Central Office officials.
August 3, 2005 cob	Applications are due in OAA.
August-September 2005	Review committee reviews applications and makes recommendations for approval of fellowship sites to the Chief Academic Affiliations Officer.
September 2005	OAA notifies facilities about the approval/disapproval of their applications.
April, 2006	Nomination packages for physician fellows due in OAA.
July 1, 2006	Fellowship training begins.
July 1, 2007	Assuming satisfactory performance, first-year fellows advance to

the second fellowship year, and new first-year fellows begin.

October 1, 2007

Annual progress reports due to OAA.

8. OAA CONTACT PERSONS

Physician HSR&D fellowship and general information Please contact **Stuart Gilman, MD** at 562 862-5595 ext 3974 or by email at Stuart.Gilman@lrn.va.gov ; or **Gloria J. Holland, PhD** at 202.273-8946 or by e-mail at Gloria.Holland@va.gov .

9. MAILING INSTRUCTIONS

- a. **Number of copies** Submit **eight copies** of the application to arrive by close of business **August 3, 2005**.
- b. **Mail delivery service** Bioterrorism precautions being taken with U.S. Postal Service mail to VA Central Office cause considerable delays in delivery. Therefore, please send applications via Federal Express or other carrier.
- c. **Mailing Address**

Office of Academic Affiliations (141)
Attention: Linda McInturff
VA Central Office, Room 475
810 Vermont Ave. NW
Washington, DC 20420
Telephone number is 202-273-8375
- d. **Faxes are not permitted**

ATTACHMENT A

APPLICATION INSTRUCTIONS

1. GENERAL INSTRUCTIONS

- a. **Font and margin sizes** Font size must be 10-point or larger. Margins must be at least one inch all around.
- b. **Number of copies** Submit eight copies of the application.
- c. **Page limit** Total number of pages should not exceed 50. The core document, excluding Curriculum Vitae, must not exceed 20 pages. The additional materials must not exceed 30 pages.

Note: Any pages over 50 will NOT be forwarded to reviewers.

2. APPLICATION PACKAGE INSTRUCTIONS

a. Facility Director's transmittal letter

- (1) **Contributions.** Unique contributions the facility can make to the fellowship program.
- (2) **Resources.** Facility commitment to provide resources for the program including release time for the HSR&D Fellowship Program Director and HSR&D staff who supervise fellows.
- (3) **Other support.** Additional support that the facility will provide the Fellowship Program Director and fellows to ensure program success.
- (4) **Contact information.** Identification of the facility contact person: Name, title, business address, telephone and fax numbers, and e-mail address.

b. Letters of Commitment from VISN Directors and HSR&D COE Directors

- (1) **Contributions.** Unique contributions the VISN and HSR&D COE can make to the Fellowship Program.
- (2) **Teamwork.** Commitment to be part of a national Fellowship Program.
- (3) **Travel and registration.** Commitment to assist, if needed, in the funding of annual travel and registration for the Fellowship Program Director and fellows to attend one national health services research meeting per year.

c. Letters of Support

- (1) Health Services Research Leaders. Letters indicating fellowship support from facility and affiliate leaders in health services research.
- (2) Physician Leaders. Letters indicating fellowship support from facility clinical leaders.
- (3) Affiliates. Letters from the affiliate indicating support of the fellowship program and the resources the affiliate will provide to support the program, e.g., tuition waivers for courses, equipment, library use, space, etc.

d. Core narrative (20-page maximum, excluding the curriculum vitae)

- (1) Direction and framework. Proposed goals and conceptual framework for the fellowship program.
- (2) Leadership. Information about the proposed Physician Fellowship Program Director.
 - (a) Contact information. Name, title, business address, routing symbol, telephone and fax numbers, and e-mail address.
 - (b) Letters of commitment. A letter from the proposed Physician Fellowship Program Director describing that individual's commitment to serve in the position, experience in teaching and mentoring, and approaches to integrating the fellowship program roles into plans and ongoing responsibilities.
 - (c) Copies of curriculum vitae. Include records and roles in research, interprofessional education, and clinical projects including titles of funded research projects, source, and dates of funding.
- (3) Proposed faculty. Summary of information about proposed faculty including research, education, clinical expertise, and publications and their potential contributions to the program.
- (4) Research resources.
 - (a) Research opportunities. Describe opportunities for fellows to demonstrate competence in originating and conducting health services research.
 - (b) Research activities. List facility-specific HSR&D research activities. For each project, include name of project; name of investigator; and, source, date, and amount of funding.
 - (c) Research infrastructure. Describe activities to be undertaken in the coming year to develop the research infrastructure for the fellowship program.

(d) Other resources. Identify other resources available to the fellowship program including but not limited to VA and other databases, office space, computers and computer support, e-mail, Internet and Intranet access, statistical support, and telephone access.

(5) Educational resources.

(a) Acquisition of knowledge. Describe educational resources that will provide opportunities for fellows to gain advanced knowledge in health services research, research and research methodology; quality improvement methodology, and interprofessional training.

(b) Teaching competence. Describe educational resources that will provide opportunities for fellows to develop and demonstrate advanced teaching competence in theory and practice. Experiences should encompass provision of feedback to the fellows.

(c) Healthcare informatics. Describe opportunities and activities in which fellows can demonstrate working skills and knowledge in healthcare informatics, especially in working with VA's information systems.

(d) Customized learning. Identify methods to be used to customize learning activities to meet fellows' needs.

(e) Educational infrastructure. Describe activities to be undertaken in the coming year to develop the educational infrastructure for the fellowship program. Such activities might include working with the affiliate to plan courses fellows will take and to obtain tuition waivers as well as working with the local VA to develop a VA orientation, access to VA databases, training in using those databases, etc.

(6) Clinical resources.

(a) Clinical activities. Describe VA clinical opportunities that will advance fellows' learning.

(b) Clinical infrastructure. Describe activities to be undertaken in the coming year to develop the clinical infrastructure for advanced fellowship activities.

(7) Evaluation. Describe the proposed formative and summative evaluation plans for the program and the individual fellows.